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26614 7590 03/11/2005

PEPE & HAZARD, LLP
 225 ASYLUM ST.
 HARTFORD, CT 06103

03/25/2005 EHAILE2 00000070 10660042

01 FC:1501 1400.00 OP
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Joanne R. Frazier (Depositor's name)
 Joanne R. Frazier (Signature)
 March 21, 2005 (Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/660,042	09/11/2003	Armin Horn	TAIG-1013-US0	1815

TITLE OF INVENTION: METHOD AND APPARATUS FOR MEASURING BENT WORKPIECES

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1400	\$300	\$1700	06/13/2005

EXAMINER	ART UNIT	CLASS-SUBCLASS
COHEN, AMY R	2859	033-549000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

- ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
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1 Pepe & Hazard LLP

2 _____

3 _____

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PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Trumpf Werkzeugmaschinen GmbH + Co. KG

Germany

Please check the appropriate assignee category or categories (will not be printed on the patent): ☐ Individual ☒ Corporation or other private group entity ☐ Government

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5. Change in Entity Status (from status indicated above)

- ☐ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. ☐ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

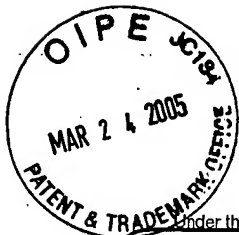
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Authorized Signature

Date March 21, 2005Typed or printed name Peter L. CostasRegistration No. 18,637

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TRANSMITTAL FORM

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Total Number of Pages in This Submission

2

Application Number

10/660,042

Filing Date

9/11/03

First Named Inventor

Arim Horn

Art Unit

Examiner Name

Amy R. Cohen

Attorney Docket Number

RAIG-1013-US0

ENCLOSURES (Check all that apply)

<input checked="" type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> After Allowance Communication to TC
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<input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name	Pepe & Hazard LLP		
Signature			
Printed name	Peter L. Costas		
Date	March 21, 2005	Reg. No.	18,637

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Signature			
Typed or printed name	Joanne R. Frazier	Date	3/21/05

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